

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 015600341  
Report Date: 12/04/2025  
Date Signed: 12/04/2025 03:26:57 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/27/2025** and conducted by Evaluator Tonica Syess-Gibson

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250827161242</b>
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<b>FACILITY NAME:</b> CARLTON PLAZA OF SAN LEANDRO	<b>FACILITY NUMBER:</b> 015600341
<b>ADMINISTRATOR:</b> EVELYN JENSEN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1000 EAST 14TH ST.	<b>TELEPHONE:</b> (510) 636-0660
<b>CITY:</b> SAN LEANDRO	<b>STATE:</b> CA <b>ZIP CODE:</b> 94577
<b>CAPACITY:</b> 199	<b>CENSUS:</b> 149 <b>DATE:</b> 12/04/2025
<b>MET WITH:</b> Angela Turin, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
	<b>TIME COMPLETED:</b> 03:40 PM

**ALLEGATION(S):**

1	The facility broiler is in disrepair, leaving the building without hot water
2	Staff do not ensure resident needs are met
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**INVESTIGATION FINDINGS:**

1	On 12/04/2025 at 10:00AM, Licensing Program Analysts (LPAs) T. Syess-Gibson and Yasamine Brown
2	arrived unannounced to deliver complaint findings for the allegations above. LPAs met with Executive
3	Director, Angela Turin and explained the purpose of the visit.
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5	Allegation: The facility broiler is in disrepair, leaving the building without hot water
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7	Interviews with staff and residents revealed that the facility's boiler malfunctioned and burst, leaving the
8	facility without hot water for two (2) days. During this time, residents were unable to take hot showers or
9	baths.
10	Continue on LIC9099C...
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson  
LICENSING EVALUATOR SIGNATURE:

DATE: 12/04/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/04/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 15-AS-20250827161242

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OAKLAND ASC, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

# COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CARLTON PLAZA OF SAN LEANDRO

FACILITY NUMBER: 015600341

VISIT DATE: 12/04/2025

## NARRATIVE

1 Continued from LIC9099

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Allegation: **Staff do not ensure resident needs are met**

Interviews with residents revealed that staff were not making rounds every two (2) hours. Residents also stated during interview, staff only check on them when the call button is pressed or when Alexa is used to contact the front desk for assistance.

Based on LPA's information obtained during investigation, the preponderance of evidence standard has been met; therefore, the above allegation is found to be **SUBSTANTIATED**. California Code of Regulations, Title 22, are being cited on the attached LIC9099D.

Exit interview conducted with Evelyn Jenson. A copy of this report and appeal rights provided.

SUPERVISORS NAME: Harpreet Humpal

LICENSING EVALUATOR NAME: Tonica Syess-Gibson

LICENSING EVALUATOR SIGNATURE:

DATE: 12/04/2025

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LIC9099 (FAS) - (06/04)

Page: 2 of 4

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# COMPLAINT INVESTIGATION REPORT (Cont)

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/11/2025 Section Cited CCR 87303(a)	1 (a) The facility shall be clean, safe, 2 sanitary and in good repair at all 3 times.... 4 5 This requirement was not met as 6 evidence by: 7	1 By POC date, facility agrees to read 2 regulation 87303 and send a self 3 certifying email to CCLD. 4 5 6 7
	8 Based on interviews and record review 9 the licensee did not comply with the 10 section cited above in having a 11 malfunctioning broiler which posed a 12 personal rights and potential health and 13 safety risk to persons in care. 14	
Type B 12/11/2025 Section Cited CCR 87468.2(a)(4)	1 (a) In addition to the rights listed in 2 Section 87468.1, Personal Rights of 3 Residents in All Facilities,...:(4) To care, 4 supervision, and services...This 5 requirement was not met as evidence 6 by: 7	1 By POC date, the facility agrees to 2 implement a plan to ensure staff is 3 sufficient in numbers to meet the needs 4 of residents care. 5 6 7
	8 Based on observation the Licensee did 9 not comply with the section cited above 10 in not having sufficient in numbers to 11 meet the needs of residents care. which 12 poses a personal rights and potential 13 health and safety risk to persons in 14 care.	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISORS NAME:** Harpreet Humpal  
**LICENSING EVALUATOR NAME:** Tonica Syess-Gibson  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 12/04/2025

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**CAPACITY:** 199

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**TELEPHONE:** (510) 636-0660  
**ZIP CODE:** 94577  
**DATE:** 12/04/2025  
**UNANNOUNCED TIME BEGAN:** 10:00 AM  
**TIME COMPLETED:** 03:40 PM

**MET WITH:** Angela Turin, Executive Director

**ALLEGATION(S):**

1 Staff do not ensure that all residents are provided a means to call for assistance  
 2  
 3  
 4  
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**INVESTIGATION FINDINGS:**

1 On 12/04/2025 at 10:00AM, Licensing Program Analysts (LPAs) T. Syess-Gibson and Yasamine Brown  
 2 arrived unannounced to deliver complaint findings for the allegations above. LPAs met with Executive  
 3 Director, Angela Turin and explained the purpose of the visit.  
 4  
 5 Allegation: Staff do not ensure that all residents are provided a means to call for assistance  
 6  
 7 Interview with ED revealed, all residents are given call buttons on lanyards upon admission and pull  
 8 cords are installed in residents' rooms. Interviews with residents revealed facility did provide call buttons  
 9 and they are functioning.  
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Harpreet Humpal  
**LICENSING EVALUATOR NAME:** Tonica Syess-Gibson  
**LICENSING EVALUATOR SIGNATURE:** **DATE:** 12/04/2025

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